

around the country and compared a period in 2001 with a similar period prior to the introduction of disposable instruments. Average rates of secondary haemorrhage requiring readmission were similar—4.68% versus 5.09% (2000 versus 2001). Nonetheless, some units had experienced unusually high rates. The organisation hopes to start a prospective tonsillectomy “registry” to evaluate these important issues further.

The bottom line—tonsillectomy is currently undertaken in England using appropriately decontaminated reusable instruments. There is a primary haemorrhage risk of 0.5–1.0% and a secondary haemorrhage risk of about 5%.

So is tonsillectomy back in fashion? Part perhaps of the present day enthusiasm for all things “retro-chic”. It never went away. Otolaryngologists would argue that it is a good operation for selected patients with recurrent throat

symptoms. Armed with an understanding of the natural history of recurrent tonsillitis, details of the management options available and information about the nature and risks of surgery, the appropriately counselled parents can make a decision with and on behalf of their own child. Many of them elect for surgery. But we should not delude ourselves that this decision is made on the basis of anything they have been told during the counselling process. I suspect that in many cases the decision has been made before the consultation with the specialist, perhaps even before the consultation with the general practitioner. In many quarters the “word on the street” is still this—“if you’re having trouble with your throat, you should have your tonsils out”. Fashions may change capriciously; tenets in popular culture are harder to dispel.

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## IMAGES IN PAEDIATRICS.....

### Caustic burn caused by potassium permanganate

**P**otassium permanganate solution has antiseptic properties and is useful in managing infected eczema, particularly in children. Formerly dispensed as crystals, it is now more conveniently available as soluble tablets. Patients must be warned that potassium permanganate causes temporary brown staining to the skin and nails and can permanently stain clothing and ceramic basins or baths. Patients also need to be aware that incompletely dissolved crystals and tablets are irritants. This 18 month old boy had an infective exacerbation of his severe atopic eczema and was prescribed potassium permanganate as an antiseptic in the bath. One tablet is dissolved per 3.4 litres (6 pints) of water giving a 1 in 10/000 dilution. Unfortunately he sat on a non-dissolved tablet, resulting in this 1 cm diameter caustic burn to his right buttock. All paediatricians who prescribe potassium permanganate soaks should be aware of the risks and warn parents to make sure that the tablets/crystals are completely dissolved before use.

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